

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5504

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>231</u>		PRIMARY REG. DIST. NO. <u>4346</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>			
b. CITY OR TOWN <u>Mineola</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Overland Mo</u>		4001	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>XXX</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Benjamin</u>		b. (Middle) <u>Joel</u>		c. (Last) <u>Mc Cloud</u>	
4. DATE OF DEATH		a. (Month) <u>Feb</u>		b. (Day) <u>12</u>		c. (Year) <u>1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-9-1881</u>		9. AGE (In years last birthday) <u>68</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Bell Telephone workman</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Clark County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Mc Cloud</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Beard</u>		14. NAME OF HUSBAND OR WIFE <u>Tina Jane Mc Cloud</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-03-8015</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Tina Mc Cloud</u> ADDRESS <u>Mineola Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u> ANTECEDENT CAUSES <u>Myocardial degeneration</u> <u>Interstitial nephritis</u> DUE TO (b) <u>Myocardial degeneration</u> DUE TO (c) <u>Interstitial nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u> <u>2 yrs.</u> <u>?</u> <u>593X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 10</u> , 19 <u>48</u> , to <u>Feb 12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 9</u> , 19 <u>50</u> , and that death occurred at <u>4:30 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James O. Helm M.D.</u>		23b. ADDRESS <u>New Florence Mo.</u>		23c. DATE SIGNED <u>2-12-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-15-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Co Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-13-50</u>		REGISTRAR'S SIGNATURE <u>Bernice E. Wyatt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.W. HOPKINS MONTGOMERY CITY MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

C. W. Hopkins

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
FEB 22 1950

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~me~~ On the 12 day of Feb 1950

working under my personal supervision.

Student Embalmer No. ....

*C. W. Hopkins*

Signed .....

C. W. Hopkins

Signed .....  
Student Embalmer

Licensed Embalmer No. 1487

P. O. Address Montgomery City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.